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PTO/SB/30 (10-01)

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<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b>  <b>Address to:</b> <b>Commissioner for Patents</b> <b>Mail Stop RCE</b> <b>Alexandria, VA 20231-1450</b>	Application Number	10/762,761
	Filing Date	January 22, 2004
	First Named Inventor	HAYASHI, K EA 1
	Art Unit	3679
	Examiner Name	V. Patel
	Attorney Docket Number	HAYASHI, K EA 1

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

- Submission required under 37 CFR 1.114
  - ☐ Previously submitted
    - ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on \_\_\_\_\_  
(Any unentered amendment(s) referred to above will be entered).
    - ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
    - ☐ Other \_\_\_\_\_
  - ☒ Enclosed
    - ☒ Amendment/Reply
    - ☐ Affidavit(s)/Declaration(s)
    - ☐ Information Disclosure Statement (IDS)
    - ☐ Other Petition under Rule 136(a) and Rule 17(a)(1)
- Miscellaneous
  - ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
  - ☐ Other \_\_\_\_\_
- Fees

The RCE fee under 37 CFR 1.17(c) is required by 37 CFR 1.114 when the RCE is filed.

  - ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 03-2468
    - ☒ RCE fee required under 37 CFR 1.17(e)
    - ☒ Extension of time fee (37 CFR 1.136 and 1.17)
    - ☐ Other \_\_\_\_\_
  - ☐ Check in the amount of \$ 750.00/375.00 enclosed
  - ☐ Payment by credit card (Form PTO-2038 enclosed)

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>		
Name (Print/Type)	William Collard	Registration No. (Attorney/Agent)
Signature	<i>William Collard</i>	Date <u>10/24/05</u>

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this paper or fee is being FAXED TO Examiner V. Patel at 571-273-8380 on October 24, 2005

*William Collard*  
William C. Collard

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